Approved for use through 11/30/2011. OMB 0851-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless 4 displays a valid OMB control number.

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS		Application Hum	09/001,191	
		Filing Date	September 13, 2001	
		First Named Inve	ntor John Walker	
		Title	IMPROVED SAPONIN COMPOSITIONS AND [
		Art Unit	1644	
		Examiner Name	Yunsoo KIM	
		Attorney Docket	Number PC22142A PCT/AU99/01167	
I be about the state of the sta				
I hereby revoke all previous powers of attorney given in the above-identified application.				
A Power of Attorney is submitted herewith.				
OR				
	t Practitioner(s) associated with the following our attorney(s) or agent(s) to prosecute the			
	, and to transact all business in the United S			
and Trademark Office connected therewith:				
OR Thereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and				
to transact all business in the United States Patent and Trademark Office connected therewith:				
	Practitioner(s) Name Registration Number			
ļ	Practitioner(s) (value		registration vulnos	
Please recognize or change the correspondence address for the above-identified application to:				
The address associated with the above-mentioned Customer Number.				
OR				
The address associated with Customer Number:				
OR				
Firm or	I			
Individual Name				
Address				
City		State	Zip	
Country				
Telephone		Email		
I am the:				
Applicant/Inventor.				
OR STORY OF THE ST				
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed onsubmitted herewith				
SIGNATURE of Applicant or Assignee of Record				
Signature Date 3 < 0 + 20/0				
Name	Gabriel L. Kleiman		Telephone 212-733-0803	
	Assistant General Counsel, Pfize	- 100	Telephone 212-133-0603	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one interests on the inventors of the inventors of the inventors.				

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the CHE information Officer. U.S. Patient and Trademark Office, U.S. Oppartment of Commerce, P.O. Box 1450, Alexandria, V.A. 22313-1450, D.N.ONT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450,

forms are submitted.

X *Total of